

# **P-IRO Inc.**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 06/23/2016

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Psychology

### **Description of the service or services in dispute:**

Psychotherapy X 6 sessions  
Cognitive Skills Training X 6 sessions

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

The patient is a male who was involved in a motor vehicle accident where he sustained multiple injuries, including head trauma. The patient was diagnosed with post-concussion syndrome. Previous treatment included brain injury program 7 hours a day, 4 times a week for 4 weeks; neuropsychological evaluation/testing; individual psychotherapy times 6 sessions; and behavioral intervention times 6 sessions. The progress note dated XX/XX/XX indicated the patient had a current BDI and BAI score of 32 and 30. Previous BDI and BAI scores on XX/XX/XX were noted to be 31 and 31. The patient reported functional improvement with participating in household chores, less isolation, and addressing personal hygiene more when compared to before. 6 additional sessions of individual psychotherapy were recommended along with 6 sessions of cognitive skills training.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The Official Disability Guidelines state, up to 13 to 20 visits are recommended over 7 to 20 weeks of individual psychotherapy sessions if progress is being made. In cases of severe major depression or PTSD, up to 50 sessions may be recommended if progress is being made.

In regard to the request for psychotherapy, the documentation submitted for review indicated the patient's previous treatment included 6 individual psychotherapy sessions. The progress note dated XX/XX/XX indicated the patient had a current BDI and BAI score of 32 and 30. Previous BDI and BAI scores on XX/XX/XX were noted to be 31 and 31. Given, the documentation failed to provide significant improvement in BDI and BAI testing, the request for additional psychotherapy is not supported.

In regard to the request for cognitive skills training, the Official Disability Guidelines state, cognitive skills retraining is recommended, especially when the retraining is focused on relearning specific skills. The documentation submitted for review indicated the patient had an improvement in function with participating in household chores more, less isolation, and addressing his personal hygiene more when compared to before.

It was noted the patient had previous cognitive skills training (6 sessions). However, the documentation failed to provide details regarding any remaining cognitive deficits to warrant the need of additional treatment. Therefore, the request is not supported. Given the above, the request for psychotherapy times 6 sessions and cognitive skills training times 6 sessions is not medically necessary and the previous determination is upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)